name:	date:				
Toxic exposure questionnaire				_	
		number of exposures per week			
Do you consume or are you exposed to:		0	<1	2-4	5-7
fried food					
artificial sweeteners					
microwaved food					
alcohol (wine, beer or mixed drinks)					
coffee or caffeine					
soft drinks					
refined vegetable oil					
hydrogenated or partially hydrogenated oils					
nicotine					
mold exposure					
pesticides (insecticide spray or powder)					
herbicides (roundup, weed killer)					
over the counter medications					
prescription medication					
car or bus exhaust					
solvents or chemicals					
recirculated indoor air					
fluorescent lights					
computer use (hours per week= )					
fluoridated toothpaste					
cosmetics					
hair dye or perms					
perfume or cologne					
scented products including laundry soap					
clothes dryer sheets					
household cleaners (Bleach, sprays, foams, e	tc.)				
aerosol sprays	cc.,				
air fresheners					
pets- number in the home=					
toxins	total		1		
COXIIIS	cocar	no	sometimes	mostly	yes
do you eat organic food		110	301110111103		<i>y</i> 03
do you use a water purifier					
do you use air purifiers					
do you have green plants in your home					

detox total

Laura Knoff, B.Sc. registered NANP